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**** CONTINUING DATA *******

This application is a CIP of 10/032,122 12/31/2001 PAT 6,772,927

**** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

09/28/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Verified and Acknowledged	/MARGARET LINNEA OLSON/ Examiner's Signature	Initials	CT	20	29	3

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TITLE

Actuable load carrier cradle

FILING FEE RECEIVED 4030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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